

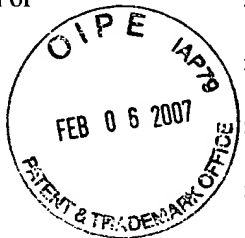
REFERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. 696.004

15w 2685
*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Srinivasan et al.
Serial No. : 09/805,310 Examiner : B. Jackson
Filed : March 13, 2001 Group Art Unit : 2685
For : METHOD AND APPARATUS FOR TIME-AWARE AND
LOCATION-AWARE MARKETING



HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☒ Small Entity status of this application has been previously established.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMITTAL

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on January 29, 2007.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)

(Signature of person transmitting paper or fee)


- | | | | | | | | | | | | | | | |
|--|---|---|--|---|------------------------------|---|---------------------|---|------------|---|--------------------------------------|--------------|---|------------|
| | Claims
Remaining
After
Amendment
(Col. 1) | - | Highest
No. Prev.
paid for
(Col. 2) | = | Present
Extra
(Col. 3) | x | <u>SMALL ENTITY</u> | | | | <u>OTHER THAN A
SMALL ENTITY</u> | | | |
| | | | | | | | <u>RATE</u> | = | <u>FEE</u> | O | x | <u>RATE</u> | = | <u>FEE</u> |
| Total
Claims | 4 | - | ** 20 | = | * 0 | x | \$25 | = | 0 | O | x | \$50 | = | |
| Ind.
Claims | 4 | - | *** 4 | = | * 0 | x | \$100 | = | 0 | O | x | \$200 | = | |
| <input type="checkbox"/> Multiple Dependent Claim
Presented | | | | | | + | \$180 | = | | O | + | \$360 | = | |
| | | | | | | | <u>TOTAL</u> | = | \$0 | O | | <u>TOTAL</u> | = | \$ |

8. ☐ Applicant encloses herewith a check for \$___ to cover the filing fee.

9. ☐ Attached is a completed Credit Card Payment Form. The Commissioner is hereby authorized to charge the \$___ filing fee to the credit card identified in the Credit Card Payment Form submitted herewith.

10. ☐ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to the credit card identified in the Credit Card Payment Form submitted herewith.

FERENCE & ASSOCIATES

By 
Stanley D. Ference III
Reg. No. 33,879

Customer No. 35195
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